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DEC 01 2005

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27476 7590 08/30/2005

Chiron Corporation
 Intellectual Property - R440
 P.O. Box 8097
 Emeryville, CA 94662-8097
 12/01/2005 HWDONG2 00000056 10804879

01 FC:1504 300.00 OP
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Michelle L. Couch

(Depositor's name)

Michelle L. Couch

(Signature)

November 29, 2005

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/804,879	03/18/2004	Sergio Abrignani	2300-0336.10	7660

TITLE OF INVENTION: BINDING PROTEIN

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	11/30/2005
EXAMINER	ART UNIT		CLASS-SUBCLASS		
LUCAS, ZACHARIAH	1648		435-007200		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Roberta L. Robins

Michael J. Moran

Alisa A. Harbin

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE
 Chiron Corporation

(B) RESIDENCE: (CITY and STATE OR COUNTRY)
 Emeryville, California (US)

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

Issue Fee
 Publication Fee (No small entity discount permitted)
 Advance Order - # of Copies 5

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A check in the amount of the fee(s) is enclosed.
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 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 03-1664 (enclose an extra copy of this form).

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5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
 b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature *Michael J. Moran*

Date 11/29/05

Typed or printed name Michael J. Moran

Registration No. 42,013

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